

Attorney Docket No. 054666-5003

COMBINED DECLARATION AND POWER OF ATTORNEY

As a below-named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled PATIENT IDENTIFICATION CARD AND METHOD FOR HIPAA COMPLAINT CHECK-IN, the specification of which:

	PCT Applicati	ion Entering National Phase	
was filed o	on	as PCT International Applicat	tion No.
I hereby state that I have including the claims, as	re reviewed and underst amended by any amen	and the contents of the above-ide dment referred to above.	entified specification
I acknowledge the duty	to disclose information	which is material to patentability	y as defined in Title
Code of Foreign Regula	·		
I hereby claim foreign papelication(s) for patent application for patent or priority is claimed.	priority benefits under T or inventor's certificate inventor's certificate h	itle 35, United States Code, §§ 1 e listed below and have also iden aving a filing date before that of	tified below any for the application on w
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listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code. § 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federai Regulations, § 1.56, which became available between the filing date of the prior application and the national or PCT international filing date of this application.

(Application Serial No.)

(Filing Date)

(Status - patented, pending, abandoned)

I hereby appoint the following attorneys and/or agents to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

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Address all correspondence to Daniel H. Golub

Morgan, Lewis & Bockius LLP 1701 Market Street Philadelphia, PA 19103-2921

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 13 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Inventor's Signature

Full Name of sole or first inventor

Residence:

Post Office Address:

Citizenship:

Inventor's Signature

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Date